

NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42876
Registrar's No. 9953

BIRTH NO. 84591-50		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9953	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		4577	
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Mem. Hospital				d. STREET ADDRESS 204 Edgar Rd.			
3. NAME OF DECEASED (Type or Print)		a. (First) Infant Stanza		b. (Middle) (Twin # 1		c. (Last)	
4. DATE OF DEATH		(Month) Nov. 22, 1950		(Day)		(Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 22, 1950		9. AGE (In years last birthday) 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME F. Stuart Stanza		13b. MOTHER'S MAIDEN NAME ADELE BENES		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME F. Stuart Stanza 204 Edgar Rd. W. G. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Partial atelectasis both lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5 months gestation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7-74X			
22. I hereby certify that I attended the deceased from Nov 22, 1950, to Nov 22, 1950, that I last saw the deceased alive on Nov 22, 1950, and that death occurred at 3 PM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Do not sign as M.D.		23b. ADDRESS 1715 La 39th		23c. DATE SIGNED 11-23-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-24-50		24c. NAME OF CEMETERY OR CREMATORY RESSURECTION CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. NOV 23 1950		REGISTRAR'S SIGNATURE J. B. Lacater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTEL BERG FUNERAL HOME INC. 73 W. BACK ROAD AVE			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

NOT EMBALMED

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.